DIVISION OF MENTAL HEALTH SERVICES SUPPORTIVE HOUSING ANNEX A

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	Revised 7/07		
Name of Agency:			
Contract No:	Service Commitments from the Period to		
Budget Modification No:(0 = Original)			
Program Element:	T		
Program Element.	Supportive Housing		
Budget Matrix Code:		27	
1. Total Clients to be Served			
2. Number of New Enrollees and Transfers Into the Program			
3. Number of Terminations/Transfers Out of the Program			
Units of Service:		Individual	Group
4. Units of Service for Face to Face Contacts (On site or Off site)			
5. Units of Service for Face to Face Client Family Contact (On site or Off site			
6. Units of Service for Face to Face Collateral Contact on Client Behalf			
7. Total Units of Service			
Individual Units of Service: face to face contact contact exceeds more than 15 continuous minumemberssimultaneously serve one client, count to be excluded from overall contact time.	utes, count as multiple contacts. It	f two staff	
Group Units of Service: face to face contact wh simultaneously for 15 continuous minutes, cou seven or more clients by one staff member are excluded from overall contact time.	nt as one group contact per client	t (group cont	acts of
Please note: Performance on Program and Cor QCMR for baseline purposes only. Following d provider agencies will ensue in order to further for comittment purposes on the Annex A. The	lata collection, collaborative meeti develop Program and Community	ings with cor / Integration	nmunity